

WRITE PLAINLY WITH UNFADING INK. - THIS IS A PERMANENT RECORD.
N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Maricopa
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 94
County Registrar No. 684
Local Registrar No. _____

2. Full name of child Cleotilda Aragon
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No. in order of birth _____ 6. Legitimate? yes 7. Date of birth June 3, 1926
Month Day Year

8. FATHER
Full name Louis M. Aragon

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Las Vegas, New Mex.
(State or country)

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Nasaria Vigil

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Aloman, New Mex.
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 2:15 p. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Evelyn M. Brown M.D.
Address Miami, Ariz.
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____ Filed July 7, 26 C. E. Davis
Local Registrar.

Registrar

County Registrar.

315-603-553